TEMPORARY PERMIT TO OPERATE A PART 90 RADIO STATION

| • | 1 |
|--------|---------|
| INSTRU | ICTIONS |

- Use this form only if you want a temporary permit authorized under Part 90 to operate a transmitter already licensed under Part 90. This temporary permit is not available for all services under Part 90.
- Do not use this form if you intend to operate an individual non-shared Mobile Relay station.
- Do not use this form as a Private Radio Service applicant until you comply with frequency coordination requirements under Section 90.175 of the FCC Rules.

| ì her | eby certify that: | | | | | | | | | | |
|-------------------------------|--|--|-----------|------------------------|-----|--|-----|---------|--|--|---|
| | 1) I am not a representative of a foreign government. | | | | | | | | | | |
| - | 2) I am eligible in the service for which I have filed an application under Part 90. | | | | | | | | | | |
| | 3) I have not been denied a license or had a license revoked by the FCC. | | | | | | | | | | |
| | 4) I am not subject to any other legal action concerning the operation of a radio station.5) I have, if required for my application, already complied with any applicable frequency coordination requirements and attached evidence of coordination with my regular application(s). | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| CERTIFICATION Read, | 6) I have submitted the required FCC license application forms to the FCC on (date) | | | | | | | | | | |
| Fill in Blanks, and Sign | Name of Applicant | | | | | | | | | | |
| | Mailing Address (Number, Street) | Signature of person responsible for the operation of this radio facility | | | | | | | | | |
| | City, State, ZIP code | | | | | | | | | | |
| | If you cannot certify to the above, you are not eligible for a temporary permit. Willful false statements made on this form are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(A)(1)), and/or forfeiture (U.S. Code, Title 47, Section 503). | | | | | | | | | | |
| | *Location of transmitter(s): City | County | | Sto | ate | | | | | | _ |
| 3 TECHNICAL INFORMATION | *Location of Control Station(s) or Point(s) | | | Number of Mobile Units | | | | | | | |
| | *Continue on reverse, if necessary | | | | | | | | | | |
| | Name of licensee presently authorized | nsmitter(s) Licensee's Call Sign | | | | | Т Т | | | | |
| | | | | | | | | <u></u> | | | |
| 1 | Your temporary call sign will consist | of the letters "WT" | nlus vour | | | | | | | | |
| TEMPORARY | local business telephone number. Use this temporary call sign until a call sign is assigned by the FCC. | | | w | T | | | | | | |
| CALL SIGN | Complete the blocks as indicated. | | | | | | | | | | |

5 LIMITATIONS

- Your authority under this permit is subject to all applicable laws, treaties and regulations and is subject to the right of use or control by the Government of the United States.
- This permit is valid for 180 days from the date the required FCC license application forms are mailed to the FCC.
- You must have a temporary permit or a license from the FCC to operate your Land Mobile radio transmitters.
- Retain this form as a permanent part of your station records.

Public reporting burden for this collection of information is estimated to average six minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing the burden to Federal Communications Commission, Records Management Division, AMD-IM, Washington, Paperwork Reduction Project (3060-0104), or via the Internet to jboley@fcc.gov.

ADDITIONAL TECHNICAL INFORMATION: